

**TRANSCRIPT ON APPEAL
FROM DECISION OF MUNICIPAL BOARD OF APPEAL**

Name of Appellant

**Municipal Appeal
Case No.** _____

Address City State Zip
v.

**Board of Tax Appeals
Case No.** _____

Municipal Board of Appeal

Address City State Zip

Name of other Appellees, if any

Address of other Appellees, if any

The Municipal Board of Appeal, through its _____ (tax administrator/chairperson/secretary) hereby certifies the transcript of the record of proceedings before it pertaining to its review of the captioned matter, and all evidence offered in connection with that review.

1. The original review arose from the filing of _____ (type of return) for the tax year _____.¹
2. The Tax Administrator's determination, dated _____, is attached.
3. The taxpayer filed its original challenge on _____ and a copy is attached.²
4. The board of appeal issued its decision on _____ (date) and mailed its decision to the Tax Administrator and to _____ (name of taxpayer) at _____ (address of taxpayer) on _____ (date). A copy of the board of appeal's decision is attached.
5. A copy of the notice of appeal was received by the municipal board of appeal on _____ (date).
No notice of appeal was received by the municipal board of appeal _____.
6. A copy (copies) of the relevant municipal ordinance(s) in effect as of the tax years in issue is (are) attached.

I certify that the foregoing statements are true and that the attached transcript is a true and complete record of the proceedings before the _____ Municipal Board of Appeal pertaining to the decision appealed from and all evidence offered and considered by the municipal board of appeal is included.

Signature

Date _____

Title

